
FFY 2021 MATERNAL CHILD HEALTH (MCH) SERVICES CONTRACT OPENING WEBINAR

OCTOBER 2020



DISCUSSION TOPICS

- MCH Services Contract Overview
 - Purpose & Funding Formula
 - Deliverables & Outcomes
 - Wrapping up the FFY 2019-2021 MCH Contract Work Plans
 - Planning & Developing FFY 2022-2026 MCH Contract Work Plans
- MCH Services Contract Budget & Funding Provisions
- Use of MCH Services Contract Funds for COVID-19
- Contract Invoicing & Reimbursement
- MCH Services Contract Reports
- Resources

PURPOSE OF MCH SERVICES CONTRACT

- To support a leadership role of LPHAs at the local level to:
 - Build community-based systems
 - Provide and assure access to quality MCH Services for women of childbearing age, children, and adolescents
 - Reduce health disparities for the MCH population
 - Promote the health of mothers and infants by assuring prenatal, delivery, and postpartum care for low income, at-risk pregnant women
 - Promote the health of children by providing preventive and primary care services for low income children
- Contractor's efforts should include activities and services that address the needs of children and youth with special health care needs

MCH FUNDING FORMULA

- Funding methodology
 - Combined Poverty Index Score determined for each county in Missouri by the Bureau of Vital Statistics
 - (1) Maternal-Infant Indicator (the unduplicated count of births to mothers younger than 18, infant and fetal deaths, and low birth weight births)
 - (2) Female/Child Poverty Proportions (estimated population of women of childbearing age (15-44), males under age 18, and females under age 15 at 185% of the federal poverty level)
 - Based upon the most current Missouri resident data for births, fetal and infant deaths, and the Census Bureau's most recent American Community Survey 5-year estimates of poverty data.
 - The base-funding amount of \$15,000 is multiplied by 113 (# of LPHAs accepting the contract) and subtracted from the total funding amount for the contract
 - The difference is then multiplied by the Combined Poverty Index Score for each county and added to the base-funding amount to arrive at the total award amount for each LPHA

CONTRACT DELIVERABLES & OUTCOMES

Wrapping up FFY 2019-2021 Contract Work Plans

- Address risk and protective factors that influence health disparities within families and communities through the Life Course Perspective
- Implement strategies to address the existing health inequities
- Implement strategies to address existing weaknesses/gaps in access to care
- Identify, track, and monitor targeted national, state, and local outcome measure(s) and any additional performance indicator data/measures and analyze FFY 2019-2021 contract work plan performance trends

Planning & Developing FFY 2022-2026 Contract Work Plans

- Complete a focused local assessment of the health status, strengths, weaknesses, and needs of the MCH population in your community, based on the MCH population domains, existing health inequities and weaknesses/gaps in access to care
- Based on these findings, select at least one priority health issue (PHI) derived from the Missouri Title V MCH Block Grant FFY 2021-2025 MCH Priorities and develop a five-year work plan to address the selected PHI
- Establish a five-year evaluation plan for tracking and monitoring work plan progress and analyzing performance trends
- Develop and submit a proposed five-year work plan to address the selected PHI

LIFE COURSE PERSPECTIVE

- A multidisciplinary approach to understanding the mental, physical and social health of individuals, which incorporates both life span and life stage concepts that identify critical stages that can influence a an individual's lifelong health and wellbeing
- Emphasizes the importance of cumulative and long-term impacts both within an individual's life and across generations that determine an individual's health trajectory
- Recognizes both protective and risk factors that contribute to health outcomes across the span of a person's life

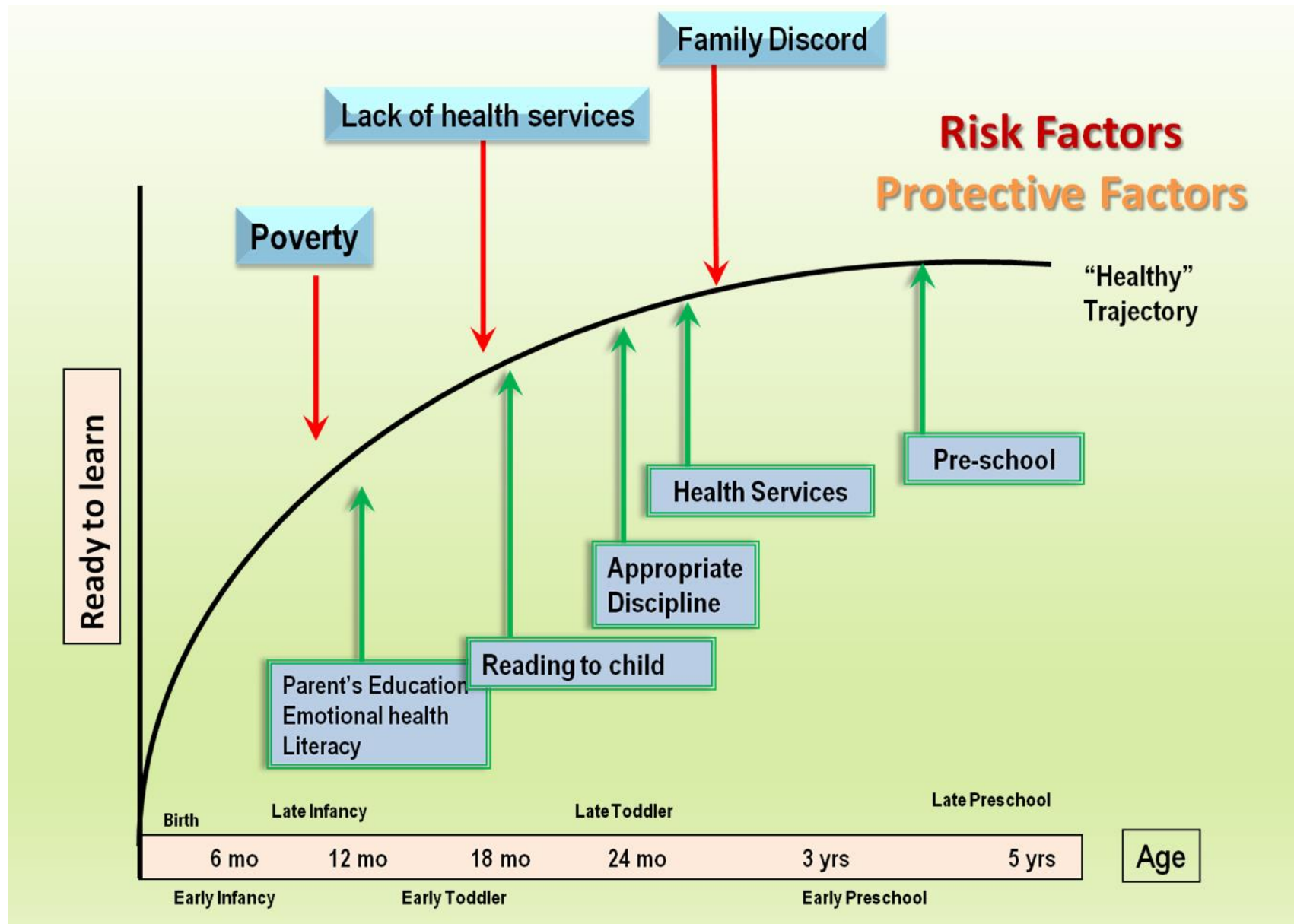
IDENTIFICATION OF RISK & PROTECTIVE FACTORS

Protective Factors

- Nurturing family
- Safe neighborhoods/communities
- Economic security
- Strong & positive relationships
- Access to quality health care services
- Access to high quality schools & early child care
- Education
- Prenatal/parenting classes
- Accessible venues for physical activity
- Access to healthy food choices
- Smoke-free environments/clean indoor air quality
- Opportunities for families to share healthy experiences

Risk Factors

- Food insecurity
- Homelessness
- Domestic violence
- Poverty
- Discrimination
- Low birth weight
- Lack of access to health services
- Youth access to tobacco
- Peer acceptance of unsafe behavior
- Weak physical education policies
- Visibility of unhealthy food choices
- Interpersonal violence

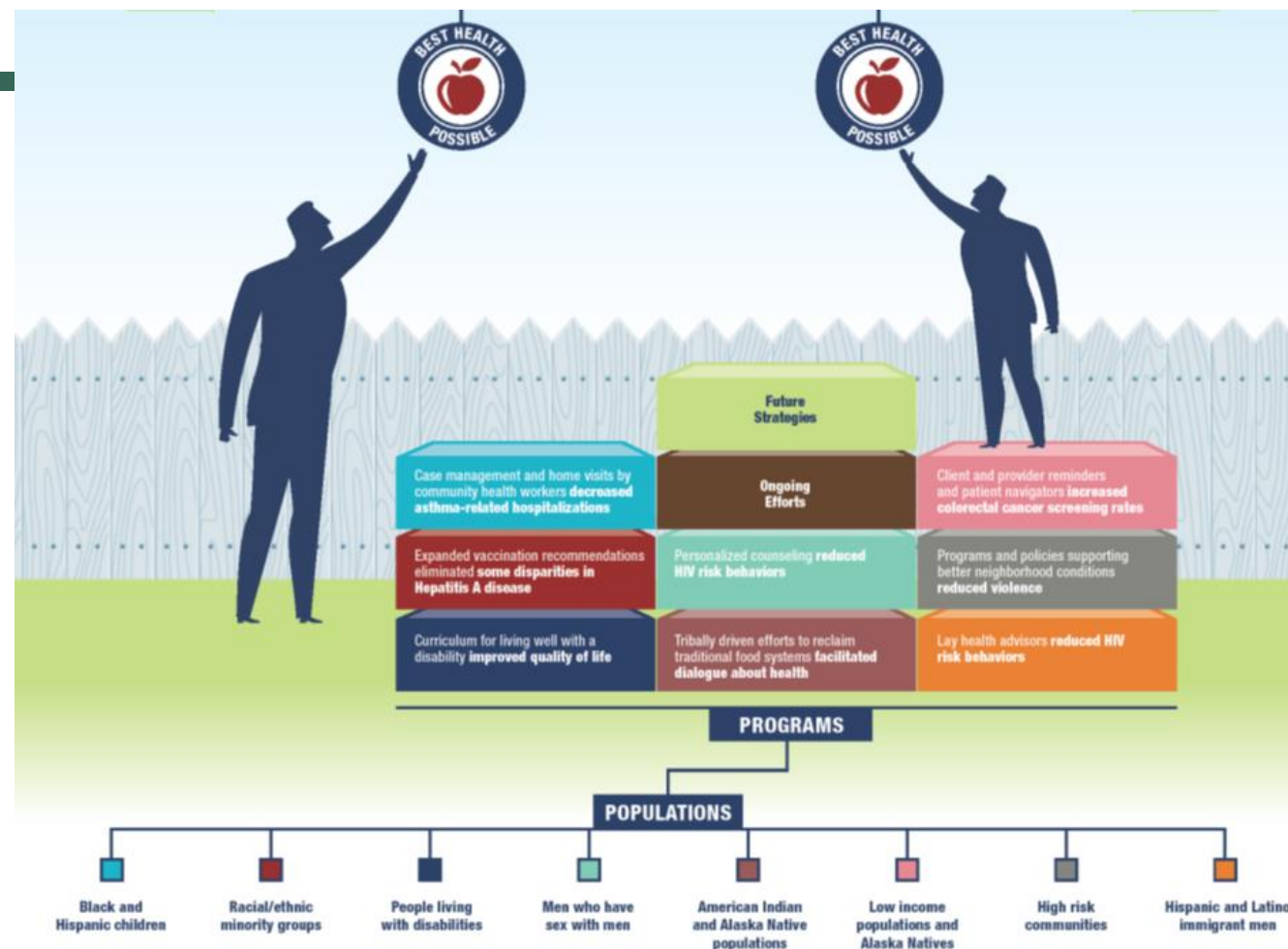


Graphic Concept Adapted from Neil Halfon, UCLA

STRATEGIES TO ADDRESS HEALTH INEQUITIES



STRATEGIES TO ADDRESS HEALTH INEQUITIES



HEALTH EQUITY is when everyone has the opportunity to be as healthy as possible.

HEALTH DISPARITIES are differences in health outcomes and their causes among groups of people.

EXAMPLE: African American children are more likely to die from asthma compared to non-Hispanic White children.

Learn more about these programs at:
<http://www.cdc.gov/minorityhealth/strategies2016/>

CS262907



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

STRATEGIES TO ADDRESS GAPS IN ACCESS TO CARE

- Progressive approaches to care delivery
 - Centering pregnancy
 - Telehealth & electronic communication
 - Mobile health units
- Transportation measures
 - Multidisciplinary clinics
 - Grouping appointments
 - Multiple family members or multiple providers
- Thorough health care documentation, shared health records, and improved communication between providers and with patient/family
- “Warm” hand-off
- School-based health clinics

PLANNING & DEVELOPING FFY 2022-2026 MCH WORK PLANS: COMPLETING FOCUSED LOCAL ASSESSMENT

- Complete a focused local assessment of the health status, strengths, weaknesses, and needs of the MCH population in their community, based on the population domains of women/maternal, perinatal/infant, child, and adolescent, and existing health inequities and weaknesses/gaps in access to care
- Utilize the Missouri Public Health Information Management System (MOPHIMS) Missouri Information for Community Assessment (MICA) Data Profiles (specifically the Community Maternal, Infant, and Child Health Profile), local data, surveillance data and other data sources to assist in the assessment process, priority health issue and outcome measure selection, and systematic program planning
- Seek input from MCH stakeholders including families/consumers, providers, and other community partners about the issues related to local MCH program services and delivery
- Based on the findings from the focused local assessment, select at least one priority health issue (PHI) derived from the Missouri Title V MCH Block Grant FFY 2021-2025 MCH Priorities and develop a five-year (FFY 2022-2026) work plan to address the selected PHI

PLANNING & DEVELOPING FFY 2022-2026 MCH WORK PLANS:

PREPARING FFY 2022-2026 MCH WORK PLAN

- Develop a proposed FFY 2022 contract budget using contract funds to accomplish the proposed work plan
- Establish a five-year evaluation plan for tracking and monitoring progress on the work plan and analyzing performance trends
- Develop FFY 2022-2026 MCH Work Plan:
 - Identification of selected PHI and targeted national, state, and/or local outcome measures
 - Statement of the problem
 - Goals for addressing the stated problem
 - Evidence-based strategies to address the problem
 - System outcomes & activities for each of the six levels of the Spectrum of Prevention for each contract year
 - Identification of risk and protective factors that influence health disparities within families and community through the Life Course Perspective
 - Strategies to address the identified health inequities
 - Strategies to address existing weaknesses/gaps in access to care

MO TITLE V STATE NEEDS ASSESSMENT FFY 2021 - 2025

- On April 4, 2020, stakeholders both internal and external to DHSS convened for a virtual presentation and kickoff discussion
- Qualitative information was gathered from focus groups and through survey data, including both ongoing population-based surveys and surveys developed specifically for needs assessment purposes
- Quantitative data was analyzed by the MCH Epidemiology team on a range of perinatal, infant, child (including CSHCN) and maternal health indicators drawn from a broad variety of state and national data sources
 - Nearly 100 indicators were reviewed and analyzed for the needs assessment process.
 - When numbers permitted, each indicator was broken down among multiple axes, including race, ethnicity, geography, and poverty
 - Trend analysis was performed on current national and state performance and outcome measures as well as indicators of population/community health status and health system capacity

TITLE V MCH BLOCK GRANT FFY 2021 – 2025 PRIORITIES

National Priority Areas

- Improve pre-conception, prenatal and postpartum health care services for women of childbearing age
- Promote safe sleep practices among newborns to reduce sleep-related infant deaths
- Reduce intentional and unintentional injuries among children and adolescents
- Reduce obesity among children and adolescents
- Ensure coordinated, comprehensive and ongoing health care services for children with and without special health care needs

State Priority Areas

- Enhance access to oral health care services for children
- Promote protective factors for youth and families
- Address social determinants of health inequities

Overarching Principles

- Ensure access to care, including adequate insurance coverage, for MCH population
- Promote partnerships with individuals, families, and family-led organizations to ensure family engagement in decision-making, program planning, service delivery, and quality improvement activities

MCH SERVICES CONTRACT BUDGET & FUNDING PROVISIONS

- Funding for this contract is provided by federal grant dollars from the Maternal and Child Health Services Bureau Title V Block Grant issued by the State of Missouri from the U.S. Health Resources and Services Administration (HRSA) and the U.S. Department of Health and Human Services (HHS)
- FFY 2021 funds must be expended by September 30, 2021
- Indirect costs are those associated with the management and oversight of any organization's activities and are a result of all activities of the contractor. Indirect costs may include such things as utilities, rent, administrative salaries, financial staff salaries, and building maintenance.
 - Costs associated with maintaining ongoing general health department business; those costs incurred for a common or joint purpose

MCH SERVICES CONTRACT BUDGET & FUNDING PROVISIONS

- Travel expenses shall be invoiced and reimbursed for actual and reasonable travel expenses either at the Contiguous US Per Diem Rates (CONUS) or the travel reimbursement rates set by your internal policy, whichever is lower
- Payor of last resort
- Funding for this contract shall not be used for:
 - Cash payments to intended recipients of MCH services (cash, check, gift cards, gift certificates, etc.)
 - Purchase of land, buildings, or major medical equipment
 - The purpose of performing, assisting, or encouraging abortion
 - To directly, or indirectly, subsidize abortion services

MCH SERVICES CONTRACT BUDGET & FUNDING PROVISIONS

- Funds must be used to expand or enhance activities that improve the health of the maternal and child health population, and to address local maternal and child health issues
 - A **minimum** of **60%** of contract funding **MUST** be spent on the implementing the approved FFY 2019-2021 contract work plan to address the selected PHI; and
 - A **maximum** of **40%** of contract funding may be spent to expand or enhance other specific MCH initiatives/activities that improve the health of the MCH population and address local maternal and child health issues, including the implementation of science-based approaches to respond to COVID-19 and address related maternal child health population needs

USE OF MCH CONTRACT FUNDS FOR SCIENCE-BASED COVID-19 RESPONSE EFFORTS

- Epidemiological activities related to outbreak investigation
- Educating the MCH population about COVID-19 through partnerships with other public health partners, community agencies, medical providers, and health care organizations
- Working with local, regional, and/or state emergency preparedness staff to assure the needs of the MCH population are represented in emergency planning and response
- Funding infrastructure to support the response to COVID-19. For example, Public Health Nurses who are routinely supported through the MCH Services contract may be mobilized to support a call center, conduct case investigation and/or monitoring, or deliver health services
- Partnering with parent networks, health care providers, and other state agencies to provide accurate and reliable information to all families
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

BUDGET REALLOCATIONS

- If specific needs are identified within the Scope of Work, it is allowable to reallocate up to 10% of the total contract budget within the same budget category and between operational budget categories (Personnel Services, Fringe, Travel, Supplies, Other) for approved expenditures without a formal contract amendment
 - Communicate request in advance with Program Manager to confirm allowable expenditure(s) and determine need for formal contract budget amendment
 - Such reallocations must not result in any change in indirect cost
 - It is NOT allowable to reallocate contract funding into or out of **subcontracts, equipment** or **Rentals/Leases**

INVOICING & REIMBURSEMENT

- Invoicing is due monthly by the 15th day of the month following the month in which services were provided
- **Submission should include:**
 - Vendor Request for Payment Form/DH-38 (may be submitted electronically, via fax, or via US postal service)
 - **NEW:** The statement, “**MCH Services contract funds utilized for COVID-19 response efforts: \$_____**” should be included in the comments field of each monthly DH-38 (even if there are no plans to utilize MCH contract funds for COVID-19 or no funds are used)
 - It is not required to provide a further itemized budget category breakdown for COVID-19 expenditures, but you can do so if it provides helpful documentation details for future reference (e.g. “...COVID-19 response efforts: \$1,000 (\$700 – PS; \$300 – Fringe)”))
 - Invoicing Tool for Calculating Indirect (in Excel format only AND must be submitted electronically)
- Must utilize Invoicing Tool issued from MCH Services Program

INVOICING & REIMBURSEMENT

- **Invoicing Tool for Calculating Indirect – THREE TABS**

- MCH Work Plan Activities (minimum 60%...**NO COVID-19**) – upload entries
- Other MCH Activities (maximum 40%...**can include COVID-19 response efforts**) – upload entries
- MCH Summary (do NOT enter data – purpose is to purely overview)

- **Budget reallocations**

- Do not change amounts in the “Budgeted Amount” column
 - Reallocated amounts will be reflected in specific amounts invoiced for each budget category and the far right column total remaining balance amounts
- If an error is found after an invoice is paid, **DO NOT CHANGE** the information on the prior months of the Invoicing Tool
 - Contact the program to request permission to include the correction on the next month’s invoice submission

MCH SERVICES CONTRACT REPORTS

- Annual Progress Report (due February 15th)
- Year End Report (due October 31, 2020)
- Contract Outcomes Report (due October 31, 2021)
- Subrecipient Annual Financial Report (due October 31st)
- Annual Contract Budget (Due July 31st)
- All forms should be submitted to the District Nurse Consultant (DNC) via email

PROGRESS REPORT

- Due February 15th
- Includes the following for each level of the Spectrum of Prevention:
 - Descriptive summary of progress toward completing planned activity(s) to achieve the planned system outcomes
 - Assessment of progress toward achieving the system outcomes
 - Listing of achievements to support assessed level of progress toward achieving the system outcomes

YEAR END REPORT

- Due October 31st
- Includes the following:
 - End-of-Year Progress Report, including the following for each level of the Spectrum of Prevention:
 - Descriptive summary of progress toward completing planned activity(s) to achieve the planned system outcomes
 - Assessment of progress toward achieving the system outcomes
 - Listing of achievements to support assessed level of progress toward achieving the system outcomes
 - Updated evaluation plan with justification for any revisions
 - Description of challenges/barriers in completing activities, meeting the contract deliverables, and fulfilling the purpose of the contract
 - Annual financial report on the use of contract funding to address the selected priority health issue(s) and implement the FFY2019-2021 contract work plan and, as applicable, a detailed report of ALL other maternal and child health initiatives/activities supported with the use of contract funding
 - Compliance with the contract funding and general contract provisions
 - Local in-kind funding amounts on health activities for the MCH population, or an entry to indicate decision not to report
 - Tangible personal property documenting any equipment purchased with MCH contract funding, defined as any single item that has a useful life of more than one year and has a purchase price that exceeds \$5,000

EVALUATION PLAN

- The Evaluation Plan is a tool to track of your activities and results
 - Gathering information during the work plan activities can test the evaluation process and help demonstrate progress toward goals
 - Can help inform programming decisions and improve effectiveness
 - The need to modify work plans or practices if expected and/or desired results are not occurring
- Data to Action

CONTRACT AMENDMENTS – WORK PLANS

- The selected priority health issue(s) may NOT be amended
- May request to amend the FFY2019-2021 contract work plan activities and/or system outcome(s)
- Proposed work plan amendment requests must be submitted by March 31st
- The proposed amendment request should be submitted to your DNC via email and include the following:
 - An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
 - An attached revised work plan using the template for the Maternal Child Health Services Contract Work Plan (with completed Revision Date section)

CONTRACT AMENDMENTS - BUDGETS

- May request to amend the current contract period's annual contract budget
- The proposed annual contract budget amendment request should be submitted to the MCH Services Program Manager via email and include the following:
 - An amendment request letter (dated and on agency letterhead) stating the reason(s) for the proposed change(s) and an effective date for this change to begin - MUST include an original or legal electronic signature of authorization
 - An attached revised annual contract budget using the MCH Services Contract Budget Worksheet
- Communicate with Program Manager in advance to confirm the need for a formal contract budget amendment

CONTRACT MONITORING

- Contractor Risk Monitoring
 - History of program compliance issues
 - Programmatic knowledge of key staff
 - Reliability of Submitted Documents
 - Performance Measures/Goals (Progress on Deliverables)
 - Rate of Sub-recipient spending on Award
- Financial Monitoring
 - Need to maintain records for salary/wages and expenditures charged under the contract that accurately reflect the work performed
- On-Site Monitoring Visit
 - Monitor compliance with the terms of the contract
 - Verify progress toward meeting contract deliverables and accomplishing work plan activities and system outcomes
 - Monitor the Evaluation Plan; analysis of FFY 2019-2021 contract work plan performance trends
 - Assess local capacity to provide maternal, child and family foundational public health services

PUBLICITY STATEMENT

- The publicity statement must be included when issuing statements, press releases, requests for proposals, bid solicitations, and other Health Resources and Services Administration (HRSA) supported publications (including audiovisual items) and forums describing projects or programs funded in whole or in part with HRSA funding, including websites
- Examples of HRSA-supported publications include, but are not limited to: manuals, toolkits, resource guides, case studies, issue briefs, etc.
- Complete Publicity Statement **MUST** be used
 - Radio PSA is **ONLY** exception - Publicity Statement must be referenced by direct URL link
- Approval **MUST** be obtained from the MCH Services Program via an email to the MCH Program Manager **PRIOR** to the release or use of such items
- Reimbursement may not be approved for expenditures not pre- approved

SUBCONTRACTING

- Must ensure the Department is indemnified
- Responsibility for all legal and financial obligations related to the execution of a subcontract rests solely with the Contractor
- Must ensure and maintain documentation that any and all subcontractors comply with all requirements of this contract
- Must ensure that any subcontractor(s) are appropriately qualified and licensed or certified and retain documentation appropriately
- The total funds utilized in the execution of a subcontract(s) cannot exceed 50% of the total contract budget

RESOURCES

- DHSS Contract Terms & Conditions
- FFY 2021 MCH Services Contract Reminder Calendar
- FFY 2021 MCH Services Contract Scope of Work
- FFY 2021 MCH Services Glossary
- FFY 2021 approved MCH Services Contract Budget Worksheet
- FFY 2021 Invoicing Tool for Calculating Indirect
- Missouri Title V Needs Assessment Summary & Topical Fact Sheets
- AMCHP's Best Practices
 - <http://www.amchp.org/programsandtopics/BestPractices/InnovationStation/Pages/Best-Practices-Program.aspx>

MCH SERVICES PROGRAM CONTACTS

Martha Smith, Missouri Title V MCH Director

Martha.Smith@health.mo.gov

Amy Bradshaw, SE District Nurse Consultant

Amy.Bradshaw@health.mo.gov

Leah Vincent, NE District Nurse Consultant

Leah.Vincent@health.mo.gov

Sandy Hong, SW District Nurse Consultant

Sandy.Hong@health.mo.gov

Sara Gorman, Central District Nurse Consultant

Sara.Gorman@health.mo.gov

MCH SERVICES PROGRAM CONTACTS

Mike Bonnett, Public Health Program Associate

Michael.Bonnet@health.mo.gov

Tara Snellen, Administrative Support Staff

Tara.Snellen@health.mo.gov

REFERENCES

- Robert Wood Johnson Foundation
- Association of University Centers on Disabilities – Life Course Slide Library